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FINANCIAL STATEMENTS

HOSPITAL SERVICE DISTRICT NO.1

PARISH OF AVOYELLES

BUNKIE, LOUISIANA

JUNE 30, 2008

Under provisions of state law, this report is a public document. Acopy of the report has been submitted to the entity and other appropriate public officials. The report is available for public inspection at the Baton Rouge office of the Legislative Auditor and, where appropriate, at the office of the parish clerk of court.

Release Date 13/10/08

FINANCIAL STATEMENTS

HOSPITAL SERVICE DISTRICT NO. 1 PARISH OF AVOYELLES BUNKIE, LOUISIANA

JUNE 30, 2008

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INDEPENDENT AUDITOR'S REPORT

Board of Commissioners Hospital Service District No. 1 Parish of Avoyelles, State of Louisiana Bunkie, Louisiana

We have audited the financial statements of Hospital Service District No. 1, Parish of Avoyelles, State of Louisiana, a component unit of the Avoyelles Parish Police Jury, State of Louisiana, as of June 30, 2008 and 2007 and the years then ended. These financial statements are the responsibility of the Hospital's management. Our responsibility is to express an opinion on these financial statements based on our audit.

We conducted our audit in accordance with generally accepted auditing standards of the United States and Government Auditing Standards, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatements. An audit includes examining, on a test basis, evidence supporting the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audit provides a reasonable basis for our opinion.

In our opinion, based on our audit, the component unit financial statements referred to above present fairly, in all material respects, the financial position of Hospital District No. 1, Parish of Avoyelles, State of Lousiana, a component unit of the Avoyelles Parish Police Jury, State of Louisiana, at June 30, 2008 and 2007 and the results of its operations and its cash flows for the years then ended in conformity with generally accepted accounting principles.

In accordance with <u>Government Auditing Standards</u>, we have also issued our report dated November 24, 2008, on our consideration of the Hospital's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with <u>Government</u> Auditing Standards and should be considered in assessing the results of our audit.

Our audit was made for the purpose of forming an opinion on the basic financial statements taken as a whole. The supplementary information included in Schedules one through five is presented for purposes of additional analysis and is not a required part of the basic financial statements. Such information has been subjected to the auditing procedures applied in the audit of the basic financial statements and, in our opinion, is fairly stated in all material respects in relation to the basic financial statements taken as a whole.

Hospital District No. 1 has not presented Management's Discussion and Analysis that accounting principles generally accepted in the United States has determined is necessary to supplement, although not required to be part of, the basic financial statements.

LANGLINAIS, BROUSSARD & KOHLENBERG Certified Public Accountants

November 24, 2008

STATEMENT OF NET ASSETS

ASSETS

	•		
	_	2008	2007
CURRENT ASSETS:			
Cash and cash equivalents	Ş	875,323 \$	1,046,540
Accounts receivables, less allowance for doubtful			
accounts of \$3,204,243 in 2008 and \$2,974,765 in 200	7	1,115,478	1,087,319
Due from third party payors		370,704	52,199
Other Receivables		65,990	43,693
Inventories		221,364	227,029
Prepaid expenses		55,473	32,275
		•	
Total Current Assets		2,704,332	2,489,055
ASSETS WHOSE USE IS LIMITED:			
By bond indenture		185,882	165,005
By board		23,604	23,197
Total Assets Whose Use is Limited		209,486	188,202
PROPERTY, PLANT AND EQUIPMENT:			
Property, plant and equipment, cost		8,217,359	7,041,142
Less accumulated depreciation		4,584,798	4,175,405
Total Property and Equipment		3,632,561	2,865,737
, and the second se			
OTHER ASSETS:			
FQHC development costs			30,220
TOTAL ASSETS	\$	6,546,379 \$	<u>5,573,214</u>

STATEMENT A

LIABILITIES AND NET ASSETS

	 2008	2007
CURRENT LIABILITIES		
Current portion of long-term debt	\$ 233,955 \$	272,057
Accounts payable	679,305	434,026
Due to third party payors	161,780	388,452
Credit balances	87,323	66,803
Interest payable	14,569	15,055
Accrued salaries and related withholdings	213,832	138,906
Accrued vacation and holiday expense	 158,503	163,269
Total Current Liabilities	 1,549,267	1,478,568
·		
LONG-TERM LIABILÌTIES:		
Long-Term Debt:		
Note payable - Baytree	24,213	39,505
Note payable - Dialysis		6,895
Note payable - Ultrasound	36,186	5B,336
Revenue bond 1972	25,000	45,000
Revenue bond 2006	45,647	166,384
USDA HVAC	904,170	946,733
Rural health building	168,241	~
Total Long-Term Liabilities	 1,203,457	1,262,853
TOTAL LIABILITIES	 2,752,724	2,741,421
NET ASSETS		
Invested in capital assets, net of related debt	2,391,059	2,635,942
Restricted net assets	209,486	165,005
Unrestricted	 1,193,110	30,846
TOTAL NET ASSETS	 <u>3,793,655</u>	2,831,793
TOTAL LIABILITIES AND NET ASSETS	\$ 6,546,379 \$	5,573,214

The accompanying notes are an integral part of these financial statements

STATEMENT B

STATEMENT OF ACTIVITIES	YEAR ENDED JUNE 3
	2008 2007
OPERATING REVENUES:	
Net patient service revenues	\$ 12,901,797 \$ 11,215,716
Advalorem taxes	84,760 79,764
Other operating revenue	470,461 446,163
TOTAL OPERATING REVENUE	13,457,018 11,741,643
OPERATING EXPENSES:	
Professional services	6,523,482 6,282,336
General and administrative	3,803,010 3,386,095
Depreciation and amortization	463,065 315,784
Provision for doubtful accounts	2,923,670 1,903,206
TOTAL OPERATING EXPENSES	13,713,227 11,887,421
NCOME (LOSS) FROM OPERATIONS	(256,209) (145,778)
ON-OPERATING REVENUES (EXPENSES)	
Grant Revenue	1,192,984 42,243
Interest income	23,587 22,461
Gain (Loss) of sale of asset	1,500 (37,019)
OTAL NON-OPERATING REVENUES	1,218,071 27,685
HANGE IN NET ASSETS	961,862 (118,093)
OTAL NET ASSETS, BEGINNING	2,831,793 2,949,886
OTAL NET ASSETS, ENDING	\$ 3,793,655 \$ 2,831,793

The accompanying notes are an integral part of these financial statements

Parish of Avoyelles Bunkie, Louisiana

STATEMENT C

STATEMENT OF CASH FLOWS

YEAR ENDED JUNE 30, 2008 AND 2007

		2008		2007
CASH FLOWS FROM OPERATING ACTIVITIES:			•	
Cash received from patients	\$	12,798,645	\$	11,889,954
Ad valorem taxes	,	84,760	•	79,764
Cash payments to suppliers for goods and services		(8,030,997)	,	(6,874,329)
Cash payments to employees for services		(4,923,245)		
Net Cash Flow from Operating Activities	_	(70,837)		594,216
CASH FLOW FROM CAPITAL AND RELATED FINANCIAL ACTIVITIES:		42 488 ACAL		44.04.000
Acquisition of property and equipment		(1,199,950)		(191,231)
Proceeds from Grant Revenue	•	1,192,984		42,243
Proceeds from the sale of assets		1,500		- 200 000
Proceeds from long term borrowing		185,250		300,000
Principal payments on long-term debt		(282, 467)		(150,541)
Net Cash Used in Capital and Related Financial Activities	· —	(102,683)		471_
CASH FLOWS FROM INVESTING ACTIVITIES:				
Interest income		23,587		22,461_
Net Cash Provided by Financing Activities	_	23,587		22,461_
NET INCREASE IN CASH AND CASH EQUIVALENTS		. (149,933)		617,148
CASH AND CASH EQUIVALENTS AT BEGINNING OF YEAR	_	1,234,742		617,594
CASH AND CASH EQUIVALENTS AT END OF YEAR	<u>\$</u>	1,084,809	<u>\$</u>	1,234,742
CASH FLOWS FROM OPERATING ACTIVITIES:				
Operating Income (Loss)	\$	(256, 209)	\$.	(145,778)
Adjustments to reconcile operating income to net cash				
provided by operating activities:				
Depreciation and Amortization		463,065		315,784
Provision for doubtful accounts		2,923,670		1,903,206
Loss on Disposal of Assets		-		(37,019)
Increase in receivables and due from third parties		(3,498,783)		(1,652,671)
Decrease (Increase) in inventories and prepaid expenses		(17,533)		19,325
Increase in accounts payable and accrued expenses	_	_314,953		191,369
NET CASH PROVIDED BY OPERATING ACTIVITIES	\$	[70,837]	\$	594,216

The accompanying notes are an integral part of these financial statements.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2008 AND 2007

NOTE 1: DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Reporting Entity. The Avoyelles Parish Hospital Service District (the "Hospital") was created by an ordinance of the Avoyelles Farish Police Jury on February 14, 1968. The District is comprised of and embraces the territory contained within the Parish of Avoyelles, State of Louisiana, as constituted as of the date of the ordinance.

The Hospital is a political subdivision of the Avoyelles Parish Police Jury whose jurors are elected officials. The Hospital's commissioners are appointed by the Avoyelles Parish Police Jury. As the governing authority of the Parish, for reporting purposes, the Avoyelles Parish Police Jury is the financial reporting entity for the Hospital. Accordingly, the Hospital was determined to be a component unit of the Avoyelles Parish Police Jury based on Statement No. 14 of the National Committee on Governmental Accounting. The accompanying financial statements present information only on the funds maintained by the governmental services provided by that governmental unit or the governmental units that comprise that financial reporting entity.

Method of Accounting. The Hospital uses the accrual method of accounting. Under Governmental Accounting Standards Board (GASB) Statement No. 20, Accounting and Financial Reporting for Proprietary Funds and Other Governmental Activities That Use Proprietary Fund Accounting, the Hospital has elected not to apply Financial Accounting Standards Board pronouncements issued after November 30, 1989. Hospital accounting and reporting procedures also conform to the requirements of Louisiana Revised Statute 24:514 and to the guide set forth in the Louisiana Governmental Audit Guide, and to the AICPA, Audit and Accounting Guide - Health Care Organizations, published by the American Institute of Certified Public Accountants, and standards set by the Governmental Accounting Standards Board (GASB), which is the accepted standard setting body for establishing governmental accounting and financial reporting principles in the United States of America.

Enterprise Fund. Enterprise funds are used to account for operations that are financed and operated in a manner similar to private business enterprises — where the intent of the governing body is that the costs (expenses, including depreciation) of providing goods or services to the general public on a continuing basis be financed or recovered primarily through user charges.

Cash and Cash Equivalents. Cash and cash equivalents consist primarily of deposits in checking and money market accounts and certificates of deposit with original maturities of 90 days or less. Certificates of deposit with original maturities over 90 days are classified as short-term investments. Cash and cash equivalents and short-term investments are stated at cost, which approximates market value. The caption "cash and cash equivalents" does not include amounts whose use is limited or temporary cash investments.

Assets Whose Use is Limited. Assets whose use is limited include assets set aside by the Board of Commissioners for future capital improvements and future indenture agreements, over which the Board retains control and may at its discretion subsequently use for other purposes; assets set aside in accordance with agreements with third-party payors; and assets held by trustees under indenture agreements and self-insurance trust agreements.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2008 AND 2007

NOTE 1: DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont)

Inventory. Inventories are stated at the lower of cost determined by the first-in, first-out method, or market basis.

Capital Assets. Capital assets are carried at cost, or if donated, at fair value at date of donation. Capital assets are defined by the Hospital as assets with an initial individual cost of more than \$5,000 and an initial useful life of three years or greater. Depreciation is computed using the straight-line method over the assets' estimated useful lives generally ranging from three to forty years.

Net Assets. Net assets represent the difference between assets and liabilities. Net assets classifications are defined as follows:

Invested in Capital Assets, Net of Related Debt consists of capital assets, net of accumulated depreciation, reduced by the outstanding balances of any borrowings used for the acquisition, construction or improvement of those assets. Net assets invested in capital, net of related debt excludes unspent debt proceeds.

Restricted Net Assets are reported as restricted when there are limitations imposed on their use either through external constraints imposed by creditors (such as through debt covenants), grantors, contributors, or laws or regulations of other governments or constraints imposed by law through constitutional provisions or enabling legislation.

Unrestricted Net Assets consist of net assets that do not meet the definition of the two preceding categories. Unrestricted net assets often are designated to indicate that management does not consider them to be available for general operations. Unrestricted net assets often have constraints on resources which are imposed by management, but can be removed or modified.

The Hospital first applies restricted resources when an expenditure is incurred for purposes for which both restricted and unrestricted net assets are available.

Costs of Borrowing. Interest cost incurred on borrowed funds during the period of construction of capital assets is capitalized as a component of the cost of acquiring those assets. Interest earned on these borrowed funds, before the funds are spent on the construction of the capital assets, is also capitalized.

Investments. Investments, including assets limited as to use, are recorded at fair value in accordance with Governmental Accounting Standards Board Statement No. 31, Accounting and Financial Reporting for Certain Investments and for External Investment Pools. Investments in equity securities with readily determinable fair values and all investments in debt securities, including those classified as assets limited as to use, are measured at fair value in the balance sheet. Securities traded on a national or international exchange are valued at the last reported sales price at current exchange rates. Investment income, including realized gains and losses on investments, interest and dividends, and changes in unrealized gains and losses are included in non-operating income

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2008 AND 2007

NOTE 1: DESCRIPTION OF REPORTING ENTITY AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (cont)

Use of Estimates. The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Accordingly, actual results could differ from those estimates. See the disclosure regarding Net Patient Service Revenue below for further discussion of significant estimates involving the revenue recognition methods of the Hospital.

Net Patient Service Revenue and Related Receivables. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in future periods, as settlements are determined. The Hospital provides care to patients even though they may lack adequate insurance or may be covered under contractual arrangements that do not pay full charges. As a result, the Hospital is exposed to certain credit risks. The Hospital manages such risk by regularly reviewing its accounts and contracts, and by providing appropriate allowances. Patient receivables are carried at original charge amount less an estimate made for doubtful receivables based on a review of all outstanding amounts on a timely basis. Management estimates the allowance for doubtful accounts by identifying troubled accounts and by using historical experience applied to an aging of accounts. Patient receivables are written off when deemed uncollectible. Recoveries of patient receivables previously written off are recorded when received.

Compensated Absences. Employees of the Hospital are entitled to paid time off depending on their length of service and other factors. Accrued compensated absences included as a component of accrued salaries and benefits on the Hospital's Statement of Net Assets was \$158,503 and \$163,269 for 2008 and 2007, respectively.

Grants and Contributions. From time to time, the Hospital receives grants and contributions from individuals or private and public organizations. Revenues from grants and contributions (including contributions of capital assets) are recognized when all of the eligibility requirements, including time requirements are met. Grants and contributions may be restricted for either specific operating purposes or for capital purposes. Amounts that are unrestricted or that are restricted to a specific operating purpose are reported as non-operating revenues. Amounts restricted to capital acquisitions are reported after non-operating revenues and expenses.

Operating Revenues and Expenses. The Hospital's Statement of Activities distinguishes between operating and non-operating revenues and expenses. Operating revenues result from exchange transactions associated with providing health care services, the Hospital's principal activity. Non-exchange revenues, including taxes, grants, and contributions received for purposes other than capital asset acquisition, are reported as non-operating revenues. Operating expenses are all expenses incurred to provide health care services, other than financing cost.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2008 AND 2007

NOTE 2: MAJOR SOURCE OF REVENUE

The Hospital participated in the Medicare and Medicaid programs as a provider of medical services to program beneficiaries. The Hospital derived approximately 68% of its gross patient service revenue from patients covered by the Medicare and Medicaid programs. Included in net patient services is additional reimbursement for Medicaid Uncompensated Care Adjustments of \$1,014,941 and \$790,542 for 2008 and 2007, respectively. This amount is subject to audit by the State of Louisiana.

NOTE 3: NET PATIENT SERVICE REVENUE

The Hospital has agreements with third-party payors that provide for payments to the Hospital at amounts different from established rates. Payment arrangements include prospectively determined rates-per-discharge, reimbursed costs, discounted charges and per diem payments. Net patient service revenue is reported at the estimated net realizable amounts from patients, third-party payors, and others for services rendered, including estimated retroactive adjustments under reimbursement agreements with third-party payors. Retroactive adjustments are accrued on an estimated basis in the period the related services are rendered and adjusted in a future period as final settlements are determined.

The primary third-party programs include Medicare and Medicaid, which account for a significant amount of the Hospital's revenue. The laws and regulations under which Medicare and Medicaid programs operate are complex, and subject to interpretation and frequent changes. As part of operating under these programs, there is a possibility that government authorities may review the Hospital's compliance with these laws and regulations. Such review may result in adjustments to program reimbursement previously received and subject the Hospital to fines and penalties. Although no assurance can be given, management believes it has complied with the requirements of these programs.

A summary of the payment arrangements with major third-party payors follows:

Medicare - The Hospital is paid for inpatient and outpatient services rendered to Medicare program beneficiaries under cost based reimbursement methodology. These rates vary according to a patient classification system that is based on clinical, diagnostic, and other factors. The retrospectively determined classification of patients and the appropriateness of the patients' admissions are subject to validation reviews by a Medicare peer review organization, which is under contract with the Hospital to perform such reviews. The Hospital files a year end cost report with Medicare to determine final settlement. This cost report is subject to audit by the Medical fiscal intermediary. The Hospital's Medicare cost reports have been audited by the Medicare fiscal intermediary through June 30, 2004.

Medicaid - Inpatient care services rendered to Medicaid program beneficiaries are paid at prospectively determined rates per day. Certain outpatient services rendered to Medicaid program beneficiaries are reimbursed under a cost reimbursement methodology. The Hospital is reimbursed at a tentative rate with final settlement determined after submission of annual cost reports by the Hospital and audits thereof by the Medicaid fiscal intermediary. The Hospital's Medicaid cost reports have been audited by the Medicaid fiscal intermediary through June 30, 2004.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2008 AND 2007

NOTE 3: NET PATIENT SERVICE REVENUE (cont)

The Hospital has entered into payment agreements with certain commercial insurance carriers, health maintenance organizations and preferred provider organizations. The basis for payment under these agreements includes prospectively determined rates-per-discharge, discounts from established charges and prospectively determined daily rates.

NOTE 4: PROPERTY, PLANT AND EQUIPMENT

Property, plant and equipment, by major category, is as follows:

	06/30/07	<u>Additions</u>	<u>Deletions</u>	06/30/08
Land	\$ 88,352	\$ -	\$ -	\$ 88,352
Land improvements	290,454	_	-	290,454
Buildings	4,064,427	199,750	-	4,264,177
Fixed equipment	367,255	-	-	367,255
Major movables	<u>2,230,654</u>	<u>991,919</u>	(23,452)	<u>3,199,121</u>
Total cost	7,041,142	1,191,669	(23,452)	B,209,359
Less: Accumulated depreciation	4,175,405	<u>432,845</u>	(23,452)	4,584,798
•	2,865,737	758,824	(-)	3,624,561
Construction in progress		<u>8,000</u>		<u> </u>
Net Property, Plant		•		
and Equipment	<u>\$2,865,737</u>	<u>\$ 766,824</u>	<u>\$</u>	<u>\$3,632,561</u>

NOTE 5: LONG-TERM DEBT

Long-term debt at June 30, 2008, consisted of the following:

· · · · · · · · · · · · · · · · · · ·		
Revenue bonds, dated November 1, 1969, bearing interest of 4.75% maturing November 1, 2009, with interest payable May 1 and November 1 of each year, collateralized by the Hospital's gross receipts.	Ş	45,000
Revenue bonds, dated March 15, 2004 bearing interest of 4.5% maturing March 15, 2024, with interest payable monthly,		
collateralized by the Hospital's gross receipts		947,382
Revenue bonds, dated October 5, 2004, bearing interest of 5.25% maturing October 1, 2009, with interest and principal due monthly		150,909
Notes Payable, dated May 1, 2008, bearing interest of 6.00% maturing April 1, 2018, with interest and principal due monthly		182,363
Various notes with interest rates up to 1.9%, due in monthly installments through 2011, secured by equipment		111,758
installments enrough roll, secured by equipment		1,437,412
Less current portion		233,955
Long-term portion	ŝ	1.203.457

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2008 AND 2007

NOTE 5: LONG-TERM DEBT (cont)

A summary of long-term debt activity for the year ended is as follows:

Revenue Bonds 1972 Revenue Bonds 2004 (USDA HVAC Revenue Bonds 2006 Note Payable - Baytree Note Payable - Dialysis Note Payable - Ultrasound	166,384 39,505 6,895	<u>Additions</u> \$	Reductions \$ 20,000 42,563 120,737 15,292 6,895 22,150	Ending <u>Balance</u> \$ 25,000 904,170 45,647 24,213	43,212 105,262 15,293 13,810
Note Payable - Ultrasound Rural Health Building	58,336 ———————————————————————————————————		22,150 17,009	36,186 <u>168,241</u>	22,256 <u>14,122</u>
Total	\$ <u>1,262,853</u>	\$ <u>185,250</u>	\$ <u>244,646</u>	\$ <u>1,203,457</u>	\$ <u>233,955</u>

Scheduled repayments on long-term debt are as follows:

		<u>Principal</u>	<u> Interest</u>	<u> </u>
2009		\$ 233,955	\$ 58,695	\$ 292,650
2010		168,813	50,342	219,155
2011		85,282	46,327	131,609
2012		65,997	43,071	109,068
Remaining	•	<u>883,365</u>	233,622	<u>1,116,987</u>
Total		\$1,437,412	\$ 432,057	s 1,869,469

NOTE 6: OPERATING LEASES

Total rental expense for June 30, 2008 and 2007, respectively, for all operating leases was \$88,344 and \$38,911.

NOTE 7: PENSION PLAN

Employees have available retirement coverage through an employee funded defined contribution plan, Bunkie General Hospital Service Defined Compensation Program, administered by Nationwide Retirement Solutions. Each pay period the Hospital contributes to an additional plan for full-time employees who work 64 or more hours per pay period. Each employee will be required to contribute a minimum of 3% of their base pay toward the program. Employees will become 100% vested in the Hospital's contributions after three full years of employment. Pension cost amounted to \$63,214 and \$63,116 for the year ended June 30, 2008 and 2007, respectively.

NOTE 8: ASSETS LIMITED AS TO USE

On November 12, 1968, the Hospital accepted an offer from the Department of Housing and Urban Development to make a loan in order to aid in financing the construction of a new 30-bed general hospital. On May 15, 2004, the Hospital accepted an offer from the United States Department of Agriculture Rural Development to make a loan in order to acquire, construct and/or install improvements and replacements to the hospital facilities of the District, including appurtenant equipment and accessories. This indenture imposed restrictions on the Hospital. A summary of cash restrictions follows:

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2008 AND 2007

NOTE 8: ASSETS LIMITED AS TO USE (cont)

All income earned from operations of the Hospital is to be deposited in the hospital operating fund. Funds are to be expensed in the following order of priority and for the following purposes.

- (1) The payment of reasonable expenses of administration, operation and maintenance of the Hospital.
- (2) A cash transfer to the 1968 Hospital Bond and Interest Sinking Fund by the 15th day of each month, sums equal to one-fifth of the interest due on the next interest payment date, plus one-tenth of the principal due on the next principal payment date. Transfer will continue until a reserve of \$24,000 has been accumulated; thereafter, cash transfers will be made as are necessary to meet the current year's debt service requirements and maintain the reserve of \$24,000.
- (3)A cash transfer to the 1968 Hospital Repair and Replacement Reserve Fund of \$125 monthly until a reserve of \$15,000 has been accumulated and maintained in such amount. The money may be withdrawn for the purpose of paying extraordinary maintenance of repairs, renewals and replacement. Should the Hospital Bond and Interest Sinking Fund be insufficient to pay a required installment, funds in the Hospital Repair and Replacement Reserve Fund will be transferred to the extent required to eliminate the deficiency.
- (4)A cash transfer to the 2004 Hospital Revenue Bond and Interest Sinking Fund by the 20th day of each month, sums equal to the total amount of principal and interest falling due on the next payment date for the Bonds. During the first year the Bonds are outstanding, a monthly sum equal to one-twelfth of the interest due on the first payment date on the Bonds shall be transferred.
- (5)A cash transfer to the 2004 Hospital Revenue Bond Reserve Fund by the 20th day of each month, commencing with the month following completion of and acceptance of the improvements financed with the proceeds of the Bonds, a sum at least equal to five percent of the amount to be paid into the Sinking Fund. The transfer will continue until such time as there has been accumulated a sum equal to the highest principal and interest falling due in any year.
- (6)A cash transfer to the 2004 Hospital Depreciation and Contingency Fund by the 20th day of each month commencing with the month following completion of and acceptance of the improvements financed with the proceeds of the Bonds, a sum at least equal to five percent of the amount to be paid into the Sinking Fund. When a sum equal to the Debt Service Requirements has been accumulated in the Reserve Fund, the monthly payments into the Contingency Fund shall be increased to an amount equal to 10% of the amount being paid monthly into the Sinking Fund, and said payments are to continue over the life of the Bonds.

It is the contention of management that the accounting requirements of the revenue bond issues were met.

Pursuant to a resolution by the Board of Directors of the Hospital on January 18, 1973, a board-designated plant fund was established to be utilized for replacement of existing capital assets and the purchase of new capital assets.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2008 AND 2007

NOTE 8: ASSETS LIMITED AS TO USE (cont)

Assets limited as to use that are required for obligations classified as current liabilities are reported in current assets. The composition of assets limited as to use at June 30, 2008 and 2007 are set forth in the following table.

	2008	2007
Internally designated for capital acquisitions	\$ 23,604	\$ 23,197
Under indenture agreement	<u> 185,882</u>	<u> 165,005</u>
Total Assets limited as to use	\$ <u>209,486</u>	\$ <u>188,2</u> 02

NOTE 9: CASH FLOWS SUPPLEMENTAL INFORMATION

Cash and cash equivalents consists of the following:

,		2008	2007
Current assets	\$	875,323	\$ 1,046,540
Assets whose use is limited			
By board		23,604	23,197
By bond indenture	_	<u>185,882</u>	<u> </u>
	\$_1	,084,809	\$ <u>1,234,742</u>

Total interest paid by the Hospital was \$55,904 and \$57,663 for the fiscal year ending 2008 and 2007, respectively.

NOTE 10: EMPLOYEE HOSPITALIZATION PLAN

The Hospital maintains a medical benefits trust. The Hospital and employees contribute on a 50/50 basis amounts required to cover the health benefits cost of the employees. Employees with more than 90 days of service can participate.

The trust pays all claims from funds provided from the Hospital. The trust agreement provides that should it not have sufficient funds to cover its obligations, the Hospital is obligated to fund the shortfall.

The Hospital purchases "excess" insurance coverage that provides for payment of individual claims in excess of \$10,000 or aggregate annual claims in excess of \$226,838. The Hospital and employees contribute on a 50/50 basis amounts required to cover the insurance premiums.

NOTE 11: CONCENTRATIONS OF CREDIT RISK

The Hospital grants credit without collateral to its patients, most of whom are local residents and are insured under third-party payor agreements. The mix of receivables (net of allowances) from patients and third-party payors at June 30, 2008 and 2007, is as follows:

,	<u> 2008</u>	2007
Medicare	39%	25%
Medicaid	17 .	24
Commercial and other third-party payors	19	20
All other	25	<u>31</u>
•	<u> 100%</u>	100%

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2008 AND 2007

NOTE 12: FAIR VALUE OF FINANCIAL INSTRUMENTS

The following methods and assumptions were used by the Hospital in estimating the fair value of its financial instruments:

Cash and cash equivalents: The carrying amount reported in the balance sheet for cash and cash equivalents approximates its fair value.

Investments: Fair values, which are the amounts reported in the balance sheet, are based on quoted market prices for similar securities.

Assets limited as to use: These assets consist primarily of cash and short-term investments and interest receivable. The carrying amount reported in the balance sheet is fair value.

Accounts payable and accrued expenses: The carrying amount reported in the balance sheet for accounts payable and accrued expenses approximates its fair value.

Estimated third-party payor settlements: The carrying amount reported in the balance sheet for estimated third-party payor settlements approximates its fair value.

Long-term debt: Fair values of the Hospital's revenue notes are based on current traded value. The fair value of the Hospital's remaining long-term debt is estimated using discounted cash flow analyses, based on the Hospital's current incremental borrowing rates for similar types of borrowing arrangements.

The carrying amounts and fair values of the Hospital's financial instruments are as follows:

	2008 2007	
	Carrying Carrying	
	Amount Fair Value Amount Fair Value	<u>ie</u>
Cash and cash equivalents	\$ 1,084,809 \$ 1,084,809 \$ 1,234,742 \$ 1,234,7	742
Accounts payable and accrued expenses	\$ 1,066,209 \$ 1,066,209 \$ 751,256 \$ 751,2	256
Estimated receivable from		
third- party payors	\$ 370,704 \$ 370,704 \$ 52,199 \$ 52,1	199
Estimated third-party payor		
settlements	\$ 161,780 \$ 161,780 \$ 388,452 \$ 388,4	152
Long-term debt	\$ 1,437,412 \$ 1,437,412 \$ 1,534,910 \$ 1,534,9)10

NOTE 13: BANK DEPOSITS AND INVESTMENTS

State statutes authorize the Hospital to invest in obligations of the U.S. Treasury, certificates or other obligations of the United States of America, and time certificates of deposit of state banks organized under the laws of Louisiana and national banks having the principal office in the State of Louisiana. At June 30, 2008 and 2007, the Hospital had bank balances as follows:

NOTES TO FINANCIAL STATEMENTS	JUN	E 30, 2008 AND 2007
NOTE 13: BANK DEPOSITS AND INVESTMENTS (cont)		
	2008	2007
Insured (FDIC) Collateralized by securities held by the financial institution's trust department in the Hospital's name	\$ 200,000 	\$ 200,000 2,239,058
-	\$ <u>2,235,381</u>	\$ 2,439,058
Carrying value	\$ <u>1,084,809</u>	\$ <u>1,234,742</u>

NOTE 14: PROFESSIONAL LIABILITY RISK

The Hospital participates in the Louisiana Patient's Compensation Fund established by the State of Louisiana to provide medical professional liability coverage to healthcare providers. The fund provides for \$400,000 in coverage per occurrence above the first \$100,000 per occurrence for which the Hospital is at risk. The fund places no limitation on the number of occurrences covered. In connection with the establishment of the Patient's Compensation Fund ("PCF"), the State of Louisiana enacted legislation limiting the amount of healthcare provider settlement for professional liability to \$100,000 per occurrence and limiting the PCF's exposure to \$400,000 per occurrence.

The Hospital's membership in the Louisiana Hospital Association Trust Fund provides additional coverage for professional medical malpractice liability and worker's compensation. The trust fund bills members in advance, based upon an estimate of their exposure. At policy year-end, premiums are re-determined utilizing actual losses of the Hospital. The trust fund presumes to be a "Grantor Trust" and, accordingly, income and expenses are prorated to member hospitals. The Hospital has only included these allocations or equity amounts assigned to the Hospital by the trust fund in its financial statements.

NOTE 15: AD VALOREM TAXES

The District levies real estate taxes on all real property on a calendar year basis, at a rate enacted by the Board of Commissioners as recommended by the local tax assessor. Property taxes are collected through the local sheriff and remitted, net of collection fees, to the District. The sheriff's office is responsible for collection, including establishing lien, levy and due dates of property taxes. The current tax expires in 2009 and is expected to be renewed at current levy rates.

NOTE 16: JOINT VENTURE

The Hospital entered into a cooperative endeavor (i.e. joint venture) with a home health company on March 1, 2004. The Hospital shares one-third of the profits and losses, and leases space to this organization.

NOTES TO FINANCIAL STATEMENTS

JUNE 30, 2008 AND 2007

NOTE 17: FOHC DEVELOPMENT COSTS

In prior years, the hospital incurred costs towards the development of a Federally Qualified Health Center (FQHC). In the fiscal year ended June 30, 2008, the board decided to forgo the opening of the FQHC, which resulted in amortization expense of \$30,220.

NOTE 18: SUBSEQUENT EVENTS

On September 1, 2008, Hurricane Gustav made landfall on Louisiana's coast. The hospital experienced an estimated \$115,000 worth of property damage. The hospital received reimbursement from its property insurance in the amount of \$65,000 on October 17, 2008.

SCHEDULES OF PATIENT SERVICE REVENUES	FOR T	HE YEARS E	ENDED JUNE
INPATIENT SERVICE REVENUES			
	200	<u> </u>	2007
Daily Patient Services:			
Adult and pediatric	\$ 47	74,257 \$	453,475
Psychiatric unit	2,09	91,480	1,792,000
Swing-bed		60,535	124,400
Total	2,62	26,272	2,369,875
Other Nursing Services:	•		
Operating room		_	5,764
Central supplies	20	05,310	433,763
Observation	•		16,370
Emergency service		19,758	68,385
Total	,25	55,068	524,282
Other Professional Services:			
Laboratory	96	59,598	1,052,569
Anesthesiology		_	3,330
EKG	• 3	37,570	35,275
EEG		-	475
Blood	1	4,448	20,003
Radiology	48	30,806	510,766
Pharmacy	72	24,926	815,088
Telemetry	4	7,000	86,900
Intravenous therapy	31	5,846	214,865
Inhalation therapy	16	4,917	112,839
Physical therapy	2	24,716	14,380
Professional fees		9,455	83,600
		29, 282	2,950,090
TOTAL INPATIENT SERVICE REVENUE	_ 6,01	0,622	5,844,247

SCHEDULES OF PATIENT SERVICE REVENUES	FOR THE YEARS	ENDED JUNE 30,
OUTPATIENT SERVICE REVENUES		
	2008	2007
Other Nursing Services:		
Operating room	11,506	40,050
Central supplies	174,397	235,129
Observation	282,137	226,960
Emergency service	1,347,113	1,240,516
Total	1,815,153	1,742,655
Other Professional Services:		
Laboratory	4,023,208	3,433,757
Anesthesiology	3,000	8,700
EKG	135,665	107,610
EEG .	1,425	3, 325
Blood	12,915	23,930
Radiology	3,057,012	2,555,088
Pharmacy	305, 913	418,728
Telemetry	18,800	26,100
Cardiac rehab	108,285	103,108
Intravenous therapy	218,073	145,942
Inhalation therapy	80,661	55,098
Physical therapy	972	645
Intensive psychiatric therapy	1,077,735	1,408,750
Clinics	1,561,103	2,078,283
Professional fees	747,747	734,009
Total	11,352,514	11,103,073
TOTAL OUPATIENT SERVICE REVENUE	13,167,667	12,845,728
GROSS PATIENT SERVICE REVENUE	19,178,289	18,689,975
Less Contractual Adjustments	7,291,433	8,264,801
Net Patient Service Revenue before		
Disproportionate Share	11,886,856	10,425,174
Medicaid Uncompensated Care	1,014,941	790,542
NET PATIENT SERVICE REVENUE	\$ 12,901,797 \$	11,215,716

SCHEDULES OF OTHER OPERATING REVENUES

FOR THE YEARS ENDED JUNE 30,

	2008		2007	
Cafeteria and vendor sales	\$	35,776 \$	34,182	
Rental income		119,868	117,128	
Joint venture		190,356	168,745	
Pharmacy sales - employees		38,005	35,364	
Other	<u> </u>	86,456	90,744	
	<u>\$</u>	470,461 \$	446,163	

SCHEDULES OF PROFESSIONAL SERVICES

FOR THE YEARS ENDED JUNE 30,

Salaries	-	— ·	
COTOTICS	au	rees	٠

	2008			2007	
			٠		
Nursing	\$	532,328	\$	461,112	
Operating room		201		131	
Central supply		52,405		41,843	
Emergency room		322,959		302,442	
Laboratory		289,638		268,381	
Radiology		291,573		255,056	
IOP		170,962		1,399	
Clinics		1,288,246		1,178,083	
Other		717,466		724,064	
Total Salaries and Fees		3,665,778	 ,	3,232,511	

Supplies and Other Expenses:

Nursing	75,596	38,751
Operating room	- '	9,572
Central supply	270,616	332,183
Emergency room	782,082	867,441
Laboratory	487,586	422,937
Radiology	89,333	173,003
Pharmacy	572,124	486,171
Anesthesiology	-	666
Inhalation therapy	163,447	153,181
IOP	90,447	195,946
Physical therapy	14,731	8,951
Clinics	128,773	167,546
Other	<u> 182,969</u>	193,477
Total Supplies and Other Expenses	2,857,704	3,049,825
TOTAL PROFESSIONAL SERVICES	s 6,523,482 \$	6,282,336

SCHEDULES OF GENERAL AND ADMINISTRATIVE	<u>_</u>	OR THE YEARS	ENDED	JUNE 30,
Salaries and Fees:				
		2008		2007
Administrative	\$	848,465	\$	839,040
Maintenance		138,489		133,939
Housekeeping		82,402		89,423
Medical records		109,758		112,494
Dietary		102,458		93,142
Total Salaries and Fees		1,281,572	1	,268,038
Supplies and Other Expenses:				
		62.454		
Interest		63,454	_	57,306
Administrative		1,702,582	1	,542,656
Maintenance		555,315		373,080
Housekeeping		. 36,016		26,059
Medical records		49,936		19,546
Dietary		114,135		99,410
Total Supplies and Other Expenses		2,521,438	2	,118,057
TOTAL GENERAL AND ADMINISTRATIVE SERVICES	\$	3,803,010	\$3	<u>,38</u> 6,095

GOVERNING BOARD COMPENSATION

YEAR ENDED JUNE 30,2007 AND 2008

	2008			2007	
Judge James Mixon	\$	-	\$	_	
Charles T. Descant	\$	_	\$	· –	
Dr. Olivier La Prairie	\$	-	\$	120	
Harry Normand	\$	480	\$	480	
Barbara Jones	\$	320	\$	360	
Nancy Carruth	\$	_	\$	_	
Jeff Keys	\$	240	\$.	480	
Craig Foster	ş	120	\$	_	





Gien P. Langlinais, C.P.A. Michael P. Broussard, C.P.A. Chris A. Kohlenberg, C.P.A., M.B.A., M.H.A. Gayla L. Falcon, C.P.A.

> Patrick M. Guidry, C.P.A. Ashley V. Breaux, C.P.A.

REPORT ON COMPLIANCE AND ON INTERNAL CONTROL OVER FINANCIAL REPORTING BASED ON AN AUDIT OF FINANCIAL STATEMENTS PERFORMED IN ACCORDANCE WITH GOVERNMENT AUDITING STANDARDS

Board of Commissioners Hospital Service District No. 1 Parish of Avoyelles, State of Louisiana Bunkie, Louisiana

We have audited the general purpose financial statements of Hospital Service District No. 1 Parish of Avoyelles (The District), d/b/a Bunkie General Hospital, a component unit of the Avoyelles Parish Police Jury, State of Louisiana, as of and for the years ended June 30, 2008 and 2007, and have issued our report thereon dated November 24, 2008.

We conducted our audit in accordance with generally accepted auditing standards of the United States and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States.

INTERNAL CONTROL OVER FINANCIAL REPORTING

In planning and performing our audit, we considered the District's internal control over financial reporting as a basis for designing our auditing procedures for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of the District's internal control over financial reporting. Accordingly, we do not express an opinion on the effectiveness of the District's internal control over financial reporting.

Our consideration of the internal control over financial reporting would not necessarily disclose all deficiencies in the internal control over financial reporting that might be significant deficiencies or material weaknesses. However, as discussed below, we identified certain deficiencies in internal control over financial reporting that we consider to be significant deficiencies.

A control deficiency exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent or detect misstatements on a timely basis. A significant deficiency is a control deficiency, or combination of control deficiencies, that adversely affects the entity's ability to initiate, authorize, record, process, or report financial data reliably in accordance with generally accepted accounting principles such that there is more than a remote likelihood that a misstatement of the entity's financial statements that is more than inconsequential will not be prevented or detected by the entity's internal control. We consider all deficiencies described in the accompanying "Schedule of Findings and Questioned Costs and Management's Corrective Action Plan" to be significant deficiencies in internal control over financial reporting.

A material weakness is a significant deficiency, or combination of significant deficiencies, that results in more that a remote likelihood that a material misstatement of the financial statements will not be prevented or detected by the entity's internal control. We consider all deficiencies described in the accompanying

"Schedule of Findings and Questioned Costs and Management's Corrective Action Plan" to be material weaknesses in internal control over financial reporting.

COMPLIANCE

As part of obtaining reasonable assurance about whether the District's financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts and grants, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit and, accordingly, we do not express such an opinion. The results of our tests disclosed one instance of noncompliance that are required to be reported under Government Auditing Standards.

The hospital's responses to the findings identified in our audit are described in the accompanying Schedule of Findings and Questioned Costs and Management's Corrective Action Plan". We did not audit the Hospital's responses and, accordingly, we express no opinion on it.

This report is intended for the information of the Hospital Service District No. 1 Parish of Avoyelles and the Legislative Auditor of the State of Louisiana and is not intended to be and should not be used by anyone other than these specified parties.

We acknowledge with appreciation the courtesies extended our representatives during the audit.

Sincerely,

LANGLINAIS, BROUSSARD & KONLENBERG

A Corporation of Certified Public Accountants

November 24, 2008

SCHEDULE OF FINDINGS AND QUESTIONED COSTS AND MANAGEMENT'S CORRECTIVE ACTION PLAN

FOR THE YEAR ENDED JUNE 30, 2008

We have audited the general purpose financial statements of Avoyelles Parish Hospital Service District No. 1, d/b/a Bunkie General Hospital, a component unit of the Avoyelles Parish Police Jury, State of Louisiana, as of and for the years ended June 30, 2008 and 2007, and have issued our report thereon dated November 24, 2008.

We conducted our audit in accordance with generally accepted auditing standards of the United States and the standards applicable to financial audits contained in Government Auditing Standards, issued by the Comptroller General of the United States, and the provisions of OMB Circular A-133. Our audit of the financial statements as of June 30, 2008, resulted in an unqualified opinion.

Section I: Summary of Auditor's Reports

A. Report on Internal Control and Compliance Material to the Financial Statements:

Internal Control:

Material Weaknesses: Significant Deficiencies: Yes Yes

Compliance:

Compliance Material to Financial Statements

Yes

Section II: Financial Statement Findings

A - Issues of Noncompliance

Finding 2008-1 Compliance

Condition and Criteria: Payroll taxes are not being withheld and paid on checks written to board members for meeting fees. State law dictates that board members are to be treated as employees and proper payroll taxes should be paid on compensation.

Effect: This represents a material weakness in the hospital's internal control system.

Recommendation: Board members should be treated as employees with payroll taxes withheld and remitted to the appropriate agencies.

Management Response: Board members are being paid through the payroll system for the \$40 per meeting attended. It was unclear as to what taxes needed to be withheld on this amount. Since this finding was disclosed to the hospital, proper payroll taxes are being withheld. This issue is resolved.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS AND MANAGEMENT'S CORRECTIVE ACTION PLAN

FOR THE YEAR ENDED JUNE 30, 2008

B- Significant Deficiencies and Material Weaknesses

Finding 2008-2 Financial Statement Preparation

Condition and Criteria: The Hospital relies on its outside auditors to assist in the preparation of external financial statements and related disclosures. Under U.S. generally accepted auditing standards, outside auditors cannot be considered part of the Hospital's internal control structure, and, because of limitations of the Hospital's small accounting staff, the design of the Hospital's internal control structure does not otherwise include procedures to prevent or detect a material misstatement in the external financial statements.

Effect: This represents a material weakness in the hospital's internal control system.

Recommendation: The hospital's accounting personnel should continue to attend education courses to further their knowledge in the application of Generally Accepted Accounting Principles. The hospital should also consider outsourcing the preparation of its financials to its independent auditors and carefully review the draft financial statements and notes prior to approving them and accepting responsibility for their contents and presentation.

Management Response: The hospital at this time is considering outsourcing the financial statement preparation to an independent certified public accountant.

Finding 2008-3 Segregation of Duties

Condition and Criteria: The hospital has several employees whose duties are not segregated.

Effect: This represents a material weakness in the hospital's internal control system.

Recommendation: The authorization, recording, and reconciliation of transactions and decisions as well as custody of assets related to those transactions should be segregated functions.

Management Response: The hospital has segregated as many duties as possible. To further segregate duties would require the hiring of additional staff which would be a financial burden to the hospital.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS AND MANAGEMENT'S CORRECTIVE ACTION PLAN

FOR THE YEAR ENDED JUNE 30, 2008

Finding 2008-4 Vacations

Condition and Criteria: Key employees are not required to take continuous vacations.

Effect: This represents a material weakness in the hospital's internal control system.

Recommendation: Employees in key positions should be required to take a continuous one-week vacation per year and another employee should be required to perform the duties of that person.

Management Response: Employees are cross trained to perform duties of employees in key positions; however, required continuous one-week vacations are not part of hospital policy. The requirement of continuous one-week vacations for key employees will be considered.

Finding 2008-5 Bad Debts

Condition and Criteria: In a sample of bad debts tested for supporting documentation, the hospital could not provide support on a significant number of the total sample.

Effect: This represents a material weakness in the hospital's internal control system.

Recommendation: Accounts established as bad debts must have adequate supporting documentation, including proof of supervisory approval.

Management Response: Through training and the creation of policy and procedures regarding the write off of bad debts, this issue should be resolved.

Finding 2008-6 General Ledger Accounting

Condition and Criteria: Due to high turnover and a small accounting staff, significant general ledger accounts are not being reconciled to subsidiary ledgers or support in a timely manner.

Effect: This represents a material weakness in the hospital's internal control system.

Recommendation: Significant general ledger accounts should be reconciled to supporting ledgers and documentation and adjusted in a timely and accurate manner.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS AND MANAGEMENT'S CORRECTIVE ACTION PLAN

FOR THE YEAR ENDED JUNE 30, 2008

Finding 2008-6 General Ledger Accounting (cont'd)

Management Response: The hospital is looking for additional accounting staff to ensure that the subsidiary ledgers are reconciled timely to significant general ledger accounts.

Finding 2008-7 Asset Reconciliation

Condition and Criteria: Assets present on the depreciation schedule and balance sheet have not been reconciled to those in possession. Depreciable assets are not labeled with permanent identification tags.

Effect: This represents a material weakness in the hospital's internal control system.

Recommendation: The asset balances reflected on the financial statements should be reconciled to assets in the hospital's possession.

Management Response: The hospital will reconcile the assets in possession to those present on the depreciation schedule. The hospital will also begin to label all depreciable assets.

Finding 2008-8 Budget

Condition and Criteria: There is no evidence in the board minutes that the budget for the fiscal year ended June 30, 2008, was approved by the board of commissioners.

Effect: This represents a material weakness in the hospital's internal control system.

Recommendation: The board of commissioners should approve all budgets and budget amendments and monitor the budget to actual variances throughout the year.

Management Response: The missed approval of the budget for the fiscal year was an oversight. No other prior fiscal year budgets were unapproved and the current fiscal year budget has been presented and approved by the board of commissioners. This issue has been resolved.

SCHEDULE OF FINDINGS AND QUESTIONED COSTS AND MANAGEMENT'S CORRECTIVE ACTION PLAN

FOR THE YEAR ENDED JUNE 30, 2008

Section III: Management Letter Items

There are no management letter items at June 30, 2008.

SCHEDULE OF PRIOR YEAR FINDINGS

FOR THE YEAR ENDED JUNE 30, 2008

<u>Section I - Internal Control and Compliance Material to the Financial Statements</u>

Finding 2007-1 Compliance - Board Member Fees are paid through accounts payable, not payroll. State law dictates that board members are to be treated as employees and proper payroll taxes should be paid on compensation.

Status: Unresolved. See 2008-1.

Finding 2007-2 Safeguarding of Assets - The hospital's network drive does not include all computers; furthermore, there is not backup policy for local hard drives.

Status: Resolved.

Finding 2007-3 Minutes - Minutes of the board meetings are not consistently detailed.

Status: Resolved.

Finding 2007-4 Financial Statement Preparation - Accounting staff lacks the ability to prepare financial reports in conformity with accounting principles generally accepted in the United States (GAAP) and with standards established by the Governmental Accounting Standards Board (GASB).

Status: Unresolved. See 2008-2.

Finding 2007-5 Corrective Action Plan - The Corrective Action Plan drafted in response to the prior year's management letter comments was not approved by the Board of Commissioners.

Status: Resolved.

Finding 2007-6 Segregation of Duties - The hospital has several employees whose duties are not segregated. The authorization of transactions and decisions, recording of those transactions, and custody of assets related to those transactions should be segregated.

Status: Unresolved. See 2008-3.

Finding 2007-7 Safeguarding of Assets (A) - The deposit is not secured from the time it leaves the hospital to the time it is deposited at the bank.

Status: Resolved.

SCHEDULE OF PRIOR YEAR FINDINGS

FOR THE YEAR ENDED JUNE 30, 2008

Finding 2007-8 Safeguarding of Assets (B) - The disposal of fixed assets are not reflected in the general ledger account balances.

Status: Resolved.

Finding 2007-9 Safeguarding of Assets (C) - Established purchasing procedures including proper matching of requisitions, purchase orders, invoices/receipts and receiving slips are not followed for credit card purchases.

Status: Resolved.

Finding 2007-10 Safeguarding of Assets (D) - Employees other than the purchasing and receiving clerks are allowed to take supplies from general storage. Furthermore, there is no procedure in place to ensure that chargeable items taken from general storage are charged to a patient.

Status: Resolved.

Finding 2007-11 Vacations - Key employees are not required to take continuous vacations.

Status: Unresolved. See 2008-4.

Finding 2007-12 Bad Debts - In a sample of bad debts tested for supporting documentation, the hospital could not provide support on asignificate number of the total sample.

Status: Unresolved. See 2008-5.

Finding 2007-13 Support for purchases - The purchase requisition is not included int the invoice packet when presented for payment to the chief financial officer.

Status: Resolved.